



Division of Public Health Services  
*Office of the Assistant Director  
Public Health Preparedness Services*

150 N. 18<sup>th</sup> Avenue, Suite 120  
Phoenix, Arizona 85007-3233  
(602) 364-3642  
(602) 364-3276 FAX or  
(602) 364-3232 FAX

JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, DIRECTOR

## **\*\*IMPORTANT INFORMATION FROM THE ARIZONA VFC PROGRAM REGARDING 2014 VFC Re-ENROLLMENT\*\***

### **2014 VFC RE-ENROLLMENT**

Each year the Centers for Disease Control and Prevention (CDC) requires Vaccines for Children (VFC) providers to update their enrollment forms. These forms include the *VFC Provider Agreement*, *Provider Profile*, *Arizona State Immunization Information System (ASIS) User Information Form/Pledge*, and the *Refrigerator and Freezer Verification Form*. These forms can be found on the Arizona VFC website at <http://azdhs.gov/phs/immunization/vaccines-for-children/enrollment.php>. These forms are required for continued enrollment in the Arizona VFC Program for 2014. The completed and signed forms must be returned by email or U.S. mail to the Arizona Immunization Program Office by **May 7, 2014**. All participating providers must complete and return these forms. **Faxed copies will not be accepted.**

The VFC Provider Agreement has two changes this year. The first change is related to the use of paper for reporting to ASIS (#14) and the second change is related to VFC wastage and restitution (#15). Please read the VFC Provider Agreement carefully and contact the Arizona Immunization Program Office with questions.

### **ANNUAL "YOU CALL THE SHOTS" TRAINING WEBINAR**

All providers **must complete** the *You Call the Shots* webinar, before submitting re-enrollment forms. **Print out a copy of your certificate and submit it with the 2014 Re-enrollment forms.** Please visit <http://azdhs.gov/phs/immunization/vaccines-for-children/enrollment.php> and click on the link that is titled *E22 – You Call the Shots Webinar Information* for instructions on how to complete this webinar. At minimum, this webinar should be attended by the VFC Coordinator and his/her back up.

### **2014 ARIZONA VFC OPERATIONS GUIDE**

The new **2014 Arizona VFC Operations Guide** is now available at <http://azdhs.gov/phs/immunization/vaccines-for-children/enrollment.php>. There are several updates to this guide. We are requesting that all provider staff who handle VFC vaccines read the updated guide. Please print it and keep a copy in your red VFC binder for all staff to access.

**INSTRUCTIONS FOR ANNUAL RE-ENROLLMENT COMPLETION (PLEASE READ CAREFULLY)**

**Please type information into the fillable PDF forms provided at the above web address, print, sign and return all completed documents to the Arizona VFC email address or return via U.S. Mail.**

- **Annual VFC Provider Agreement**

- ❖ All sections on the Provider Enrollment Agreement Form must be filled out completely. **Provider Agreements that are returned to the Arizona Immunization Program Office with missing information will render your re-enrollment package incomplete.** This may cause your practice to be inactivated from the VFC program for 2014.
- ❖ VFC Provider License Information
  - List all licensed health care providers (MD, DO, NP, PA, and pharmacist) at your facility who have prescribing authority.
  - Provide both AHCCCS and Medical license numbers for all providers in the practice who will be prescribing VFC vaccine.
- ❖ Only the Medical Director or equivalent may sign this form.

- **Provider Profile**

- ❖ All sections on the Provider Profile Form must be filled out completely. **Provider profiles that are returned to the Arizona Immunization Program Office with missing information will render your re-enrollment package incomplete.** This may cause your practice to be inactivated from the VFC program for 2014.
- ❖ List accurate days and times the office is open. Vaccine deliveries will be made at any time during the days and hours specified on the form.
- ❖ The “Provider Population” section must be based on patients seen during the previous 12 months. This information can be obtained using the following methods:
  - Benchmarking
  - Medicaid Claims Data
  - ASIIS
  - Doses Administered
  - Provider Encounter Data
  - Billing Systems
  - Other **(must describe)**

The Arizona Immunization Program Office will not be able to supply provider offices with this information. If you have questions related to this section please contact the Vaccine Center at 602-364-3642.

- **Refrigerator and Freezer Verification Statement**
  - ❖ Must be completed for all units that store VFC vaccines. Please initial and include the number of units used in your office for VFC storage for each type of unit.
  - ❖ Only the Medical Director or Equivalent may sign this form.
- **VFC Vaccine Ordering Management System (VOMS) and ASIIS User Information Section**
  - ❖ Report all staff that will be utilizing VOMS to order vaccine.
  - ❖ Report all staff that will be utilizing the ASIIS database.
  - ❖ Review the Pledge to Protect Confidential Information with your ASIIS/VOMS users.
  - ❖ Only the Medical Director or equivalent may sign this form.

**To remain enrolled in the VFC program and to continue to receive VFC vaccines in 2014, providers must submit the completed enrollment forms to one of the following:**

**Arizona VFC Program email address at [arizonavfc@azdhs.gov](mailto:arizonavfc@azdhs.gov)**

**Or**

**Arizona Department of Health Services, Arizona Immunization Program Office at 150 N. 18<sup>th</sup> Ave, Ste. 120, Phoenix, AZ 85054 Attn: Vaccine Center.**

**Incomplete forms will be returned.**

Re-enrollment forms are due back to the Arizona VFC program no later than **May 7, 2014**. If you have questions please call the Vaccine Center at (602) 364-3642.

Thank you for immunizing Arizona's children.